

**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	09/882,289
Filing Date	06/15/2001
First Named Inventor	Helmut Wurzer
Art Unit	1763
Confirmation No.	6868
Attorney Docket Number	18587-0018001

**To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the practitioners of record;
- ☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or
- ☒ the practitioners of record associated with Customer Number: 26161

**NOTE:** The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> 10.40(b)(1)    | <input type="checkbox"/> 10.40(b)(2)     | <input type="checkbox"/> 10.40(b)(3)                                  | <input type="checkbox"/> 10.40(b)(4)     |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii) | <input type="checkbox"/> 10.40(c)(1)(iii)                             | <input type="checkbox"/> 10.40(c)(1)(iv) |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2)                                  | <input type="checkbox"/> 10.40(c)(3)     |
| <input type="checkbox"/> 10.40(c)(4)    | <input type="checkbox"/> 10.40(c)(5)     | <input checked="" type="checkbox"/> 10.40(c)(6) Please explain below: |  |

The owner of this patent, Qimonda AG, is in insolvency proceedings in Germany. Our firm has not been engaged by the trustee in bankruptcy and is not guaranteed payment for future services. We have advised Qimonda AG that our firm will be withdrawing from representation, and there are no deadlines occurring within 30 days of this filing.

**Certifications**

**Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.**

- ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary

**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF CORRESPONDENCE ADDRESS**

**Complete the following section only when the correspondence address will change.** Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.

Change the correspondence address and direct all future correspondence to:

A. ☐ The address of the inventor or assignee associated with Customer Number:

OR

B. ☒ Inventor or  
Assignee name      Qimonda AG i. IN.

Address      Patent Administration, PO BOX 83 07 07

City      Munich      State           Zip      81707      Country      GERMANY

Telephone      49 89 60088-3949      Email      qimonda.patent-administration@qimonda.com

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature      /Paul Pysher/

Name      Paul A. Pysher      Registration No. 40,780

Address      FISH & RICHARDSON, P.C., PO BOX 1022

City      Minneapolis      State      MN      Zip      55440      Country      US

Date      December 4, 2009      Telephone No.      617-542-5070

NOTE: Withdrawal is effective when approved rather than when received.